## Reliance\_11 PDF - 907 KB



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reliancegeneral.co.in (Toll Free) 1800 3009 (022) 4890 3009

## Proposal Form for Reliance Commercial Vehicles Package Policy (Other than Motor Trade Internnal Risk Policy)

| PCV                      | GCV                          | MISCD  | Trailer                         |   |  |  |  |
|--------------------------|------------------------------|--|---------------------------------|---|--|--|--|
| or Office Use Only       |                              |  |                                 |   |  |  |  |
| Policy Number            | 607321923430002449           |  | Date                            |   |  |  |  |
| Savvion Reference no.    |                              |  | Inspection Lead No.             |   |  |  |  |
| ntermediary Details (T   | o be filled in BLOCK L       | ETTERS)  |                                 |   |  |  |  |
| Intermmediary Name       | CSC EGOVERNANCE              | ETTERO)  | Code                            | 11CSC001                                |  |  |  |
| Branch Name              | CSC-SPV                      |  | Code                            | 6073                                    |  |  |  |
| Sales Manager Name       | Dummy Csc Spv Sm             |  | Code                            | D6073241                                |  |  |  |
| etails (To be filled in  | BLOCK LETTERS)               |  |                                 |   |  |  |  |
| This proposal is for     | A New Policy                 | Renewal of Policy  | Rollover Policy U               | Ised Policy                             |  |  |  |
| Proposer's Full Name     | Mr. Mrs.                     | DISTRICT HEALTH OFFIC  | ER ZILHA PARISHAD JALG          | AON                                     |  |  |  |
| Address                  | Address                      | or Communication   | Address where Ve                | ehicle is Normally Kept and Used        |  |  |  |
| Flat/Building/Door/Block | No. Zilha Parishad Jalga     | on Tal-dist - Jalgaon  |                                 |   |  |  |  |
| Area                     |                              |  |                                 |   |  |  |  |
| Nearest Landmark         |                              |  |                                 |   |  |  |  |
| City                     |                              |  |                                 |   |  |  |  |
| Pin Code                 | 425001                       |  |                                 |   |  |  |  |
|                          |                              |  |                                 |   |  |  |  |
| State                    | MAHARASHTRA,                 |  |                                 |   |  |  |  |
| Country                  | India                        |  |                                 |   |  |  |  |
| Phone                    |                              |  | Blood Group                     |   |  |  |  |
| Emergency Contact No.    |                              |  | Mobile                          | 9511717647                              |  |  |  |
| Email                    | NA                           |  | Fax                             |   |  |  |  |
| Period of Insurance      | From 15/03/2019              |  | To 14/03/202                    | 0                                       |  |  |  |
| Monthly Income           | Business                     | Profession Salary  | Agricultural Income             | Savings Others                          |  |  |  |
| Source of Funds          | Upto ₹20,000                 | ₹20,001 to ₹50,000   | ₹50,001 to ₹100,000             | 0 ₹1,00,000 and above                   |  |  |  |
| UID Aadhaar No.          |                              | New York and the state of the s | 7. PAN                          |   |  |  |  |
| etails of the Vehicle    |                              |  |                                 |   |  |  |  |
|                          | MH19N9133                    |  | 9. Date of Regis                | stration 30-Nov-2009                    |  |  |  |
| Registration Number      |                              | DA Island  | <ol><li>Date of Regis</li></ol> | 50-NOV-2009                             |  |  |  |
| Registering Authority &  |                              | ra - Jaigaon   |                                 |   |  |  |  |
| Year & Month of Manufa   | acture NOV-2009              |  | 12. Cubic Capac                 | ity 1948                                |  |  |  |
| Engine Number            | 483DL56JQZ                   | 714766   |                                 |   |  |  |  |
| Chassis Number           | MAT3850589                   | 9K25957  |                                 |   |  |  |  |
| Make of Vehicle          | TATA                         |  |                                 |   |  |  |  |
| Type of Body/Model       | NA / SUMO                    |  | 17. Seating Capa                | acity including Driver 11               |  |  |  |
|                          | GVW)/Cubic Capacity(C.C.)    | 2540   | _                               |   |  |  |  |
| Goods Type (Applicable   | e only if GVW+7500kgs)       | Hazardous  | Non Hazardous                   |   |  |  |  |
|                          |                              |  |                                 | An ISO 9001:2015 Certified Company      |  |  |  |
|                          |                              |  | stered Office: H Block, 1st t F | Floor, Dhirubhai Ambani Knowledge City, |  |  |  |
| Mumbai 400710 Corne      | orate Office: Reliance Centr | e South Wing 4th Floor Off   | Western Express Highway 5       | Santacruz (East), Mumbai - 400 055.     |  |  |  |

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| R   | eliance   | GENERAL INSURANCE A RELIANCE CAPITAL COMPAN     | Y  |  | (Toll Free                        | jeneral.co.in<br>e) 1800 3009<br>e) 4890 3009 |  |  |  |
|-----|---|---|--|--|-----------------------------------|---|--|--|--|
| 20. | Is the Vehicle made in In   | dia   |  |  | ✓ Yes                             | No  |  |  |  |
| 21. | Max. Licensed carrying capacity (No. of passengers)in case of Passenger carrying vehicles: 10 |   |  |  |                                   |   |  |  |  |
| 22. | Vehicle Category  | Bus   | Taxi   |  |                                   |   |  |  |  |
|     | Vehicle usage type(Applicable if bus):  |   | Contract Carriage                            | Stage Carriage                             | Private Usage                     |   |  |  |  |
|     | Vehicle usage subtype(Applicable if Contract Carriage):                                       |   | School Bus                                   | Employee Pickup Bi                         | us Others                         |   |  |  |  |
| 23. | Seating Capacity (includi   | ng Driver): 11                                  |  |  |                                   |   |  |  |  |
| D   | etails of the Vehicle T   | ype and Use                                     |  |  |                                   |   |  |  |  |
| 24. | Whether the Vehicle is di   | ven by Non-conventional source o                | f power ? Yes                                | No If yes                                  | Bi Fuel CN                        | IG LPG  |  |  |  |
|     | Insured declared value<br>(IDV) of the Vehicle<br>Chassis Body                                | Non-electrical Accessories fited to the Vehicle | Electronics Accessories fited to the Vehicle | Side Car(Two_wheeler)<br>Trailer(Pvt.Cars) | Value of CNG /<br>LPG Kit Bi Fuel | Total Value                                   |  |  |  |
|     | Gridasis body   | (₹)   | (₹)  | (₹)  | (₹)                               | (₹)   |  |  |  |
|     | 300000.0  | 0.0   | 0.0  | 0.0  | 0.0                               | 300000.00                                     |  |  |  |